health care outcomes for everyone and reduces cost while we protect vulnerable persons. Instead, with Washington-style elitism, efforts are continuing behind closed doors on a measure that is filled with special deals that will substantially shift costs, erode health care liberties, and add to increased and unsustainable government spending.

Mr. Speaker, our constituents are watching to see if the health care legislation is fair—fair to seniors, fair to families, fair to small businesses, fair to the hardworking citizens across this country.

Mr. Speaker, I believe we can do better.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

HISTORIC HEALTH CARE DEBATE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. MANZULLO) is recognized for 5 minutes.

Mr. MANZULLO. Mr. Speaker, we are engaged in what is called an historic debate over the issue of health care reform, and there are a couple of issues that need to be addressed.

The area that I represent in northern Illinois, the biggest city is at 19.7 percent unemployment. Add 7 percentage points to that, it's nearly 27 percent unemployment. It's incredible.

The State of Illinois is laying off teachers, social workers, people involved in all types of social services. Students at a nearby high school went out and picketed because they're concerned over the loss of their advanced placement classes. Yet, under the Senate bill, many more across the country would be added to the Medicaid roles. The State of Illinois, already bankrupt, billions of dollars in debt, would have to take on paying an additional $400 million a year in Federal mandates and unreimbursed increased Medicaid expenses. This doesn't make sense.

On top of it, there's a 2½ percent—we think that's the amount—excise tax on medical equipment, medical devices, the very equipment that was used to save the life of my wife who came down with cancer 4 years ago: the titanium brace that replaces one of her vertebrae, the radiation machine, all the latest equipment. A tax on the very equipment that's used to help people get excellent health care in this country? We're not quite sure which equipment would be taxed or which would be free of tax, but once the tax starts—and we all know what happens with the tax. It's passed on to the consumers.

So here's this monstrous bill from the Senate that the House is supposed to adopt by some type of unique process that's going to tax lifesaving equipment. It just defies logic as to why this is being done; $500 billion in tax increases. Now Social Security would apply to dividends, interest, capital gains taxes. Tax after tax after tax hurting the American people. I never thought that it would happen in America when lifesaving devices would be taxed to increase the cost to the people who use them.

This isn't what the American people want; it certainly isn't what they deserve. There are many ways to bring down the high cost of health care: through association health plans, through meaningful medical liability reform, through increasing the number of community health centers, by allowing small employers the ability to have the same tax breaks that corporations do when using their money to buy health insurance premiums.

America watches and looks and wonders and asks this question: Why are the leaders in Congress doing this to us?

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. SOUDER) is recognized for 5 minutes.

(Mr. SOUDER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Tennessee (Mr. DUNCAN) is recognized for 5 minutes.

(Mr. DUNCAN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. PENCE) is recognized for 5 minutes.

(Mr. PENCE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

(Mr. BURGESS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Thank you, Mr. Speaker. I'm just taking a moment here to arrange some charts and I will be right with you.

Mr. Speaker, we once again are going to be on a subject that seems to be increasingly riveting the attention of Americans—and for good reason. What we are talking about here this evening is the proposition that the Congress will take over, over a period of time, one-sixth of the U.S. economy. That is the health care section of the economy.

Obviously, this big a change, a remake of health care, which is not just changing a little portion here or there, but a complete remake of health care, is a question of significant proportion. It is a very costly proposition. It's one that involves a tremendous amount of change, and any change, of course, is controversial. This proposal, though, is more controversial than most and is resulting in a tremendous outpouring of phone calls. The switchboards are almost shut down here at the Capitol. But we, once again tonight, are going to be talking about it because there is talk we might even vote on the bill this week, and who knows what's going to happen.

I'm joined in the Chamber by Dr. FLEMING, a very fine physician but also a Member of Congress and someone who knows a considerable amount about the health care bill. Part of what the discussion has been lately has been a question of the procedure of how the bill would become law. That's, I think, where we should start, because that's where the news is right now and it's a big question.

Dr. FLEMING, I thought we might start there because a lot of people have heard about the bill, even some of the things in the bill, but the question is how this bill would become law.

I'm going to start by just laying down the simple pattern that's in the U.S. Constitution. The way that a bill becomes law is that it's passed by the Senate. It's passed by the House. It's sent to the President, and he signs it. That's the plain, bare-bones facts of how it works. That's what the Constitution says. The Constitution gives the House and the Senate a lot of flexibility in how we design our rules, but ultimately the bill has to pass a straight-up vote in the Senate and a straight-up vote in the House and has to be signed by the President. If it doesn't do that, it doesn't meet the constitutional standard.

Now, the process becomes a little more complicated as we go on because the Senate has a weird rule. In fact, the Senate does a lot of weird things, but it has a weird rule, at least to those of us who are Members of the House, and that is that before a bill can come up for a vote, it takes 60 votes to bring it up for a vote. So if you've got a bill and you say, Hey, we've got a hundred Senators; I've got 55 votes for the bill, you're in deep trouble, because you won't ever get the 60 votes to get it up for just a straight-up vote even though you've got enough votes to pass it. In other words, the Senate has a little bit of a higher bar to protect to make sure there's at least 60 out of 100 Senators that are willing to pass a particular piece of legislation or bring it up for a vote. So that makes things more complicated.

The Senate took a House bill which we passed on health care. They gutted it. They took every single thing out of it and stuck their own language in it, a couple thousands pages of new ideas and text and all this, took it to the Senate floor and fought and fought and fought. Finally, on Christmas Eve, passed it by the 60 votes that were necessary, and so the bill was passed through the Senate.

In order to do that, they put all kinds of special deals in there just to keep certain Senators to vote for it. There was what is called the second Louisiana purchase, a big benefit for Louisiana; the Cornhusker kickback; a special deal for people of Florida that they get to keep their Medicare Advantage money, but everybody else, the other 49 States, have to lose $500 billion out of Medicare.

And so there were all of these special deals in there, as well as a whole lot of other legislation; for instance, the fact that the government would be paying for abortions for people, which is a big problem for many Americans, and other provisions such as there would be health care for illegal immigrants and things like that, which are very controversial. So all of that is then passed on Christmas Eve and comes to the House.

Now, in order for that bill to become law, two things have to happen. Either the House has to pass it just the way the Senate did, in which case they can send the bill straight to the President for his signature—so, if the House—and, of course, they have 80 votes less over on the Republican side. So we can all vote ''no,'' but NANCY PELOSI could lose a whole lot of votes because she has 80 votes more than the Republicans do. So what they need is a majority of Democrats to vote for the bill just the way the Senate passed it, could go straight to the President and the bill could become law. That's a way to do it.

The problem is, it has all this junk in it that nobody wants to vote for. And so they're kind of stuck with making a decision: Are we going to just vote on it and send it to the President or are we going to try to amend it, which then requires it to go back to the Senate where it has to face a 60-vote rule to get these things cleaned up? And so that's the tension. So what's being proposed is something that is neither. It's something that is rather unusual and completely unprecedented, to a degree, and that is what they call deeming the bill passed; that is, it was never really voted on to be passed.

In the past, we have done this deeming thing many times, but it's usually after a bill has gone back and forth and we're working out the details of an amendment. But this is thousands of pages of legislation that's never had a vote, and they're just going to say, Well, we've just decided it's all approved, without a vote. Now, that is really pushing the limits on what is constitutional. So that's the beginning of the process.

So I wanted to invite my good friend Dr. FLEMING to join me. Let's just talk about this process. Most people are really bored to death by this stuff, but when it involves one-sixth of the U.S. economy and everybody's health care, it's like, I guess we have to pay attention.

Please join me.

Mr. FLEMING. Well, I thank my friend from Missouri. You're absolutely right. But you know what's interesting? Everywhere I go, there are a lot of people around Capitol Hill today. I bump into people that I know, people who are just average, everyday people, and it's amazing how much they are keeping up with this even though it is getting boring. They know about this. This is not something that they're not tuned into, and that's for sure.

□ 1800

What's interesting, the way I have a mental picture about this, is that this bill way back months ago was being pushed like a locomotive up a hill. And as it got closer and closer to the top, more and more problems began to come out. It weighted it down. Finally as the bill, both in the Senate and now in the House, is getting close to the top, it's lost so much momentum because of the sleazy deals, the Louisiana purchase, the Cornhusker kickback, the carve-out for Medicare Advantage in Florida. These things are turning the American people off, and it's really taking a lot of momentum out of the process. And on top of that is the shenanigans, the fakery, if you will, the smoke and mirrors way of financing it which is, again, $500 billion taken out of Medicare, although no one will actually explain how we can do without $500 billion from Medicare. Then that money is used to extend the life of Medicare, which is going to run out of money in 8 years. It's also used to subsidize the middle class entitlement of private insurance. So it's really the same money counted three times. One is taking it out of something we know good and well you can't do without collapsing the system. Two, extending the system. And then three, paying for other entitlements, and then adding the same amount again, another $500 billion in taxes. The American people are not buying this.

Mr. AKIN. Well, there are just so many things in this bill to talk about, and that's why you have such old and young, male and female—the public just doesn't like this bill. And the reason is because there's stuff for everybody to hate in this bill. I thought that this was an amazing quote NANCY PELOSI said. I just can't resist putting this up here. ''We have to pass the bill to find out what's in it.''

Now what it seems like is going on now is, not only are we supposed to not read the bill, but we're supposed to not vote for the bill. So we want to pass a bill that we haven't read and haven't voted for. This seems to be really twisting the long arm of conscience a little bit to say, not only are you not supposed to read it, but now you can't vote for it, and we still want to pass it. And we wonder why the American public is just a teensy bit skeptical.

I think some of the shenanigans are amazing. One of the ideas is, you have to get an assessment as to how much the bill's going to cost. The Government Accounting Office, who is supposed to be impartial, they take a look at a bill, and they go all through it and figure out what they think it's going to cost. Well, one of the tricks that they're playing is that they're going to collect taxes for a bill over a 10-year period, but they're only going to count the bill being in effect for 6 years. Now that's kind of an amazing way to calculate what the bill's going to cost because the implication is that that's what it will be running along at. And the thing is is that every time the government's gotten into this taking over of the medical system, anytime we do a bill like Medicaid or Medicare, it always costs at least two times more than ever any accountant thought it was going to be, sometimes as much as 10 times more expensive than what some accounting office says. And yet we're going to start off with this, you know, smoke and mirrors deal where we're going to tax people 10 years but only run the bill six. And that's supposed to be how you figure out how it costs $1 trillion. I think that's what you're referring to.

You're a doctor. Let me just ask you this question: What happens if you keep cutting the money to Medicare? What's going to happen to people?

Mr. FLEMING. Well, I will remind the gentleman that currently physicians and hospitals are being paid 80 cents on the dollar, and the mystery that seems to be out there and very few people are addressing is—and you hear the other side talking about the rapid rise of private insurance costs. Well, one of the main reasons for that is to offset the shortfall in the Medicare payments to doctors and hospitals. So private insurance is having to make up the difference.

Mr. AKIN. Let me stop you. Because you know this stuff cold, but there may be some people, some of our other Members here that just don't know this as well. So you've got Medicare, which is reimbursing doctors at 80 cents on the dollar, which means that somebody's got to make up the 20 cents. So we do a cost shift and shift that 20 cents into Medicare and dump that cost onto people who have private insurance, right?

Mr. FLEMING. That is correct.

Mr. AKIN. So we're really charging them some amount more, whatever their bill was. If it was $100, we're going to add a little extra to that to compensate for the Medicare thing. So now you're driving the cost up for the guy that's really doing what we think is responsible. And that is, going out and making sure he has insurance, and he buys insurance in the private market. But he's paying a premium for

that insurance because he's got to cover Medicare that's underfunded. So that's the first thing. Do I have that right?

Mr. FLEMING. That is absolutely correct. And that is not considering Medicaid, which pays more like 30 cents on the dollar, which under this bill will increase by 30 percent. The number of people covered, that is.

Mr. AKIN. So let's just say for instance that we wanted to cut more money out of Medicare. Let's say we're going to take $500 billion. But just theoretically, if you drop the money in Medicare so we're putting less money into it, what's the net effect of that going to be on the person that's counting on Medicare to pay for their medical care and to the usually older person that is counting on Medicare to cover their doctors' bills? What's going to happen then?

Mr. FLEMING. It will cut access off to them for health care, and I can prove it.

Mr. AKIN. Oh, wait. You are saying it will cut access for older people to Medicare?

Mr. FLEMING. Yes.

Mr. AKIN. Okay. Can you explain that?

Mr. FLEMING. Well, if doctors and hospitals are under-reimbursed further—they're at their limit today. If the cuts go even further—and of course $500 billion is draconian by any stretch of the imagination; that's as much as the entire annual budget for Medicare. If you cut it that much, then doctors will have to opt out of Medicare altogether, and the senior citizens won't have doctors to go to.

Mr. AKIN. Okay. So let me just see if I get this right. You're a medical doctor. You went all through med school. You've been practicing a number of years. You enjoy what you're doing. Old people come to you that need medical attention. You don't mind treating them. And before you were treating them at 80 percent of what the cost is. But let's say you drop down how much Medicare is paying. Well, at a certain point, you're just saying, I just can't afford to do this at this price, because ultimately, you've got to run an office. You've got to hire people. You've got to pay the rent on the building and all of those kinds of things. You've got a lot of insurance you're paying for, and you're trying to provide for your family. At a certain point, Medicare is reimbursing so little that you basically say, Hey, the old people I've been seeing before, I'm going to keep them on because I'm a nice guy. But I'm not going to take any new people. And so some old person that's sick wants to go find a doctor, perhaps they moved or something like that. And everybody says sorry, I'm not seeing any new Medicare patients. So while they've got Medicare, it doesn't mean they've got health care. So they don't get any health care.

Mr. FLEMING. Absolutely.

Mr. AKIN. So that's the problem with it.

Mr. FLEMING. Absolutely. And again, it was only a month or so ago that the Mayo Clinic—I believe their branch in Arizona—announced that they were taking no further Medicare patients. And that's under the current pay system.

Mr. AKIN. So this new bill is going to pull $500 billion out of Medicare?

Mr. FLEMING. Yes.

Mr. AKIN. So if you know nothing else about the bill, this is saying, Well, this is something to pay attention to. Now we haven't talked about some of the other nifty features. This is what gets me worried. This is what I don't like the most. And I don't like this bill. I want to be completely clear. I'm a conservative Republican. I do not trust Big Government to do a lot of stuff. And particularly, I don't want them meddling in our health care. So I'm not, I guess, objective, or I am objective, but it's just because we talk about how bad it is to have an insurance agent between you and your doctor. The last thing I want is a government bureaucrat or thousands of government bureaucrats between me and my doctor.

This is a picture we've seen and used on the floor sometimes. But this is a very much simplified version of thousands of pages of legislation with shall, shall, shall, which means the government's going to do all of this stuff. And somehow as a consumer of health care, you're supposed to find your way all the way across, over to the doctor over there. This is like some sort of a maze that you've got to go through. So this is a very complicated government takeover of what is otherwise the private system of health provision in this country. So that, to me, is something that really causes me to say ''no'' on this bill because as Republicans, we don't like anything that gets between the doctor and the patient. And insurance companies, we don't like it when they get in there. But at least if you have a bad insurance company, you have a chance of changing your insurance company. What happens if you've got all these bureaucrats in there? You will never change it. And so this thing is really a very, very dangerous piece of legislation in my opinion. But I know you've given your whole life to taking care of patients. What's your impression of this whole deal?

Mr. FLEMING. Well, I thank the gentleman. I've practiced medicine for over 30 years and still have a clinic and see patients from time to time. You know, insurance companies are a bee in my bonnet too. You hear the other side of the aisle talking about how insurance companies are the bad people. They're to blame for all of these problems. Well, I can tell you, insurance companies have been a headache for me, but insurance companies are not the problem here. They are not the problem. And if you don't like the bureaucracy of an insurance company, which you point out very adroitly, you're a customer, and you can always change who provides that service. When you get into this, not only is it 10 times worse than any insurance company and far more powerful, but you can't change. There is only one provider. Now you might say, Well, there will be a number of insurance companies within the exchange, but these insurance companies will essentially become utilities who will simply take the administrative cost for profit and basically do the work of the Federal Government.

Mr. AKIN. So let's try and get up to 50,000 feet here and take a look at the sort of choices there are before Americans as to how we approach health care. It seems to me that in the beginning, you've got the sort of supply and demand situation. If everybody in America got absolutely the very, very best medical care that you could get, it would just bankrupt the country probably because the supply and demand law says that if you don't have to pay anything at all, people are just going to get the very most expensive thing they can do. So basically the whole country stops if you try to give everybody the very best thing possible.

So the question then is how do you balance supply and demand? And we usually have a thing we call freedom, and we allow individuals to work hard, earn money, and then they spend their money to buy what they want to buy with it. They can choose whether they want health care, or a vacation, or food, or shoes, or a new car, and that's called freedom. So that's the free market, which allows people to decide how much money they can afford to pay on health care. So that's one way to balance that supply and demand.

Another thing: The insurance companies then came along and said, Yeah, but we can get you some savings. We can reduce the amount of tests and do some other things and negotiate some special rates with a whole pool of doctors that we make a deal with so we get you a product that gives you pretty good health care, but it's a discount-priced product because we're doing some things to drop the cost down. So the insurance company then is one that is starting to take part in that management of the cost of health care. The free market, it's just a matter of you paying the barrelhead, and you go back and forth and figure out what the price is. That's the way we do most things. You have the insurance company which is kind of a hybrid.

Then you can go to the socialistic model where the government does it all. But the government still can't make mathematics change. So the problem is that the governments in other countries that have tried it—it's not like we're the only ones doing this. Canada and England do this kind of thing. And what they do is, in order to keep the cost down, they keep a big waiting line, so you have to wait a long time to get your health care. So it's basically a form of rationing. It's kind of a nice rationing because you're told,

Get in line. We're used to getting in line. You get in line, and that's how it is that they keep their costs down.

The only trouble is, if you are like me, I had cancer. If I have to get in line, that means I have to wait. If I have to wait, it reduces my life expectancy. And that's one of the reasons why England has really high cancer rates, because of that. But let's just talk about places where this kind of idea has been tried before. Dr. FLEMING, as I recall, they tried something like this in Tennessee, didn't they?

Mr. FLEMING. Yeah, absolutely. Tennessee had something called TennCare. It I think is a similar model to what Massachusetts has today and somewhat similar to what we're looking at here. And what Tennessee found is the thing that's really a reality that we all need to understand. And that is that if somebody else is paying the bills, then you're going to have an explosion of cost. When I'm in town hall meetings, this is the way I like to put it. I say, I have a credit card here, and of course it's a virtual credit card. It has a $10,000 limit on it. I'm going to give you this credit card, and you can take it to Wal-Mart or Home Depot or anyplace you want, but only buy the things you need. Nothing that you want; only what you need.

□ 1815

And, you know, my question is, what do you need? And of course, the answer always comes back, well, I need a new shotgun because hunting season is coming up and I need some more camo, and I need, need, need. I need all kinds of things that I wouldn't pay out-of-pocket for myself; but if somebody else is paying for it, I'm willing to do it.

So if you take that and apply it to this, and what I've witnessed over 30 years, when it comes to HMOs, capitated models, traditional insurance, no co-pays, high co-pays, what we find is that the more somebody else, a third party or insurance or government, is paying the bills, the more consumption occurs. And I'm talking about excessive consumption, far beyond anything that's actually needed.

Mr. AKIN. So in other words, what's going on is if you tell people with this system they can have anything they want, you're going to have a tremendous level of demand, which is what we see in the other countries after this gets going, and then you have all the waiting lines because you can't do that all.

Mr. FLEMING. And then if I could just add to that, addend that, is in theory, well, that's nice; you can have whatever you want whenever you want it. The problem is that taxpayers ultimately end up paying for this, and at some point you run out of taxpayers. You end up with budget limitations. And so every country that's tried this gets back to the same thing. And the only way to control cost, when you have a third payer, a government or whatever, paying the bills, is to set some rate-limiting steps, and that's basically going to be waiting lines and, of course, rationing.

And what I like to tell people is, look at Cuba. Cuba has universal health care. It's free. The problem is, it's not available. They have one colonoscope in the whole country. And you may need antibiotics, and it may be free; unfortunately, they don't have any antibiotics.

Mr. AKIN. So it's really a nice promise. The trouble is there isn't any backup to the promise. It's just a piece of paper saying you've got free health care, but you got what you paid for. That isn't any health care at all.

I see my good friend from Illinois, Congressman MANZULLO, and somebody who really understands the Small Business Committee, understands small business in general and is a fierce, fierce defender of his section of Illinois, and a good friend of mine. And I'd like to yield some time to my good friend, Congressman MANZULLO.

Mr. MANZULLO. I thank the gentleman from Missouri. If the purpose of any health care bill is to bring down the cost of health care, that is, to break the curve, so instead of health care costs going up, they'll at least be stable, if not retreat, then it really defies logic as to why the Senate bill, which the House will take up and vote on in a very interesting manner, sort of a backdoor approach to approving what happened in the Senate, when that bill imposes an excise tax on medical equipment—

Mr. AKIN. I call that the wheelchair tax. Now, I've thought of taxing a lot of stuff, but would you ever think of taxing a wheelchair? I mean, that's imaginative. It really is.

Mr. MANZULLO. Well, it is. And then when my wife came down with cancer, and the neurosurgeon implanted into her spine this marvelous titanium brace, to think that that is a medical device and could be subject to a tax. Now—

Mr. AKIN. So it's not just wheelchairs. We're going to tax other medical devices.

Mr. MANZULLO. Well, yeah. I mean, the radiology machine that was used to kill the cancer cells around that particular level that was in her back that had the cancer. And, yet, by increasing the cost of lifesaving devices, has it ever occurred to people who are trying to ram through this bill that that will increase the cost of health care?

Mr. AKIN. Now, let me just ask you a question. My friend, you come from the Midwest. You're a commonsense kind of guy. Now here's why this bill is having trouble getting votes, because it's like trying to grab yourself by the boot straps and lift yourself up and fly around this Chamber, because think about it a little bit.

We've got the U.S. economy in serious economic problem because of three entitlement programs. They're the main things that are the budget busters: Medicare, Medicaid, and Social Security. So the government has stuck its nose into what was previously a free market with Medicare and Medicaid. And how well has the government managed those programs? It's about to bankrupt our country.

So we've got Medicare and Medicaid about to bankrupt the country, and the government says, trust me to take it all over. I mean, there's something counterintuitive here somehow.

Mr. MANZULLO. It is. And there's another aspect to tax on the medical devices. I was talking to a small businessman who runs a manufacturing facility, and he showed me the medical device that he makes. It's a marvelously crafted piece of aluminum that he did with a vertical mill, just unbelievably beautiful.

And he said, I've been told by the people who order this device from me that if we have this tax on medical devices, even though this ostensibly would apply to imports, that they're just going to take it and go to China to have this made because they can come in cheaper than anything else, and that would really be the straw that breaks the camel's back.

And so now here we are in the district I represent, with official unemployment in Rockford, Illinois, at 19.7 percent, add 7 percentage points to that, almost 27 percent unemployment, and now I'm looking a manufacturer in the eye who says, Not only will this bill impose this harsh mandate and force taxes upon me that I cannot afford, and increase the cost of health care insurance, but I could end up losing jobs because of people offshoring the manufacturing of these medical devices.

And I wanted to share that with the gentleman from Missouri because it's just——

Mr. AKIN. Let me see if I can just cut in and restate what you said, because I know that you have an expertise in small business.

So you've got a small businessman who's showing a lot of creativity, the sort of innovative spirit that's in America, comes up with a medical device machined out of aluminum, which is a very specialized kind of device. And so what's going to happen is we're going to drop a tax on this thing, which makes it more expensive. And what you're saying is somebody overseas is going to say, I can make that device, and what's more, I don't have to pay the tax on it.

Mr. MANZULLO. Well, they may have to pay the tax on the import, but no one knows. If we just throw the tax out and say, well, the tax may apply, even if the tax applies, I say to my good friend from Missouri, the supplier will look at that and say, or the people who order the equipment would say, what's going to be the next shoe to drop? How much more expensive is it going to be? And I've just had it with the increasing cost of American manufacturing, so I'm going to go offshore, and then that's that.

Mr. AKIN. And you're already looking at, most people are looking in their district at a 10 percent unemployment rate. We're looking here at a bill that's going to cost trillions of dollars, 500 million jobs, a government takeover

Mr. MANZULLO. Not 500 million jobs. Five million jobs.

Mr. AKIN. I mean 5 million jobs. Excuse me. That would really be something. And a government, a major government takeover, and yet what do we have for the quality of results to expect in that we've seen it done in other countries and in the State of Tennessee and Massachusetts? I think Massachusetts health care costs are up 20 or 30 percent over the average of other States. That's not a very good model.

Tennessee, the Governor of that State, a Democrat Governor of Tennessee, said this thing is the mother of all unfunded mandates. The States are struggling with their budgets. And here you've got a guy who's a Democrat who's experienced with this thing and saying why are you going to impose this nationally, when it doesn't work on a State basis.

Mr. MANZULLO. And in Illinois, which is already bankrupt. Illinois is the State where five of the past eight Governors have been indicted. It's a great State. They have a lot of ethical problems, you might say. The State's broken. Public employees have been laid off. A local school, the kids were out picketing because their AP classes may be eliminated because of a tremendous hit in the budget. And now Illinois would inherit a $400 million per year unfunded Federal mandate because of the increase in Medicaid recipients.

Mr. AKIN. I notice that we're joined by another good friend of mine from the—

Mr. MANZULLO. I thank the gentleman for letting me share.

Mr. AKIN. Well, thank you. It's good to hear from Illinois. And I hope that you continue to join us in this discussion. We have my friend from Ohio, another State from the Midwest, a big manufacturing State, and a great young legislator, Congressman JORDAN. I yield time.

Mr. JORDAN of Ohio. I thank the gentleman for yielding and for his leadership on many issues here in the Congress and certainly on this issue of fighting and opposing this takeover of one-sixth of our economy, this health care bill. I appreciate my colleagues here from Louisiana and Illinois and their work as well.

Look, when I think about this bill, I first start with the fundamental question, What part of ''no'' don't they get?

They have tried to pass this thing. The majority has tried to pass this bill now for almost a year, and every single time—they tried to pass it in September and the American people said no. They tried to pass it in October and the American people said no. They said, oh, we're going to get it done before Thanksgiving, and the American people said no. Oh, well, wait a minute. We're going to get it done before Christmas, and the American people said no. Then they said, well, we're going to do it before the State of the Union, and the American people said no. And now, here, we're going to get it done before Easter, and we're going to keep all the Members here as long as it takes, twist as many arms, do what we can. What part of ''no'' don't they get?

Mr. AKIN. You know what amazes me about that, gentleman, is I have heard various news outlets and various individuals, even people of political stripes saying that this bill is being held up by the Republicans. Now, somehow that just tickles my funny bone. You know, they've got 80 more people on this floor than we do, and if we all voted ''no'' and lit our hair on fire, there's no way we could slow this bill down. There's nothing we could do. The only thing slowing this bill down is there's a whole lot of Democrats that are going, ooh, is it ugly. So how in the world are they accusing us to be obstructionists or, you know—there's nothing we could do. I wish there were. But it's amazing.

What you're saying, I just want to underline because what you're saying is it's the American people. The American people are the ones that are really driving what's going on here. And they're looking at this thing and they're saying, oh my goodness. What part of no don't you understand? Go ahead. I didn't mean to interrupt the gentleman.

Mr. JORDAN of Ohio. I thank the gentleman. And you're exactly right. The reason the American people are speaking out loud and clear, the reason the American people, frankly, the reason the citizens of Massachusetts decided to send a Republican in Ted Kennedy's seat is because on a fundamental level, there's a lot of problems with this bill; but I want to just talk about three quick ones if I can. First and foremost—and this is what the majority party misses—it's a fundamental fact about Americans: Americans hate being told what to do. We're Americans. We actually think this thing called freedom and liberty is pretty important. And the idea that now here comes the big, not your local government, not your community, the big Federal Government's going to tell you and your family and you as a small business owner how health care is going to be delivered, and you're going to have bureaucrats getting between you and your doctor, they just fundamentally don't like that approach. And that's what the other party's missing. Americans don't like being told what to do.

Americans don't like, secondly, and I think this is important, and I know Congressman SMITH spoke earlier on the floor this evening, Americans don't like the idea that their tax dollars could be used to take the life of an unborn child. I mean, they fundamentally don't like that, and appropriately so. And so just two basic things they don't like.

And then I would say third is Americans understand this thing is going to cost a lot. I mean, it's going to cost a lot.

Now, they can, you know, here's the way CBO works. We've heard a lot of talk. More Americans know about the Congressional Budget Office then they ever knew about them based on this debate over the last year. The Congressional Budget Office, the data and the assumptions and the premises that are given to them, that's what they have to work on. They're good people over there and they do good work, but they have to take what information they're given from the majority party when they put together their analysis.

And so people understand that this bill has 10 years of taxes and only 6 years of benefits in the next decade. They have all kinds of gimmicks, all kinds of things put into the CBO assumptions and premises when it's given to them to come up with this ''deficit neutral'' thing.

There is not—now think about this: outside of this city, this bill is going to insure 30 million more Americans and be deficit neutral. Now, outside of Washington, D.C. there is not one person in America who believes that. Americans understand, on its face, that cannot be the case.

Mr. AKIN. Let me just restate that. That is really an amazing premise, isn't it?

This bill is going to insure 30 million more Americans and it's going to be budget neutral. Do you think people believe that?

Mr. JORDAN of Ohio. There's no way. I mean, the claim is laughable on its face, and yet that's what we continue to hear out of the other side. And I think it's those kind of things that deep down Americans understand we need reform. They understand that there are some concerns and some real problems in our health care system.

But they also fundamentally get that this bill, this package, with the dollars being used to take the life of unborn children, with the cost estimates that we know are really going to be there, they understand on a basic level that they don't want the Federal Government attempting to take over one-sixth of our economy and getting between them and their family and their doctor.

And with that I would yield back to the gentleman.

□ 1830

Mr. AKIN. I sure appreciate the gentleman from Ohio joining us. I had a telephone town hall with my constituents last night, and I just asked them whether they thought it was a good idea for the government to be taking this over. And it was about 90 percent even said they just don't trust the government to do that. It's that freedom point. It's that idea of do we want a bureaucrat telling us what to do, what

doctor can treat us and all? And we are mandated to buy this?

Of course the minor point of that is that's unconstitutional. The government can't force you to buy something. And so that's unconstitutional on the face of it. Just absolutely amazing.

I just want to get back to my good friend, the doctor from Louisiana. Would you like to jump in? I did throw this chart up here about cancer rates in different countries. And so if you want to talk about that.

Mr. FLEMING. Let me address that.

We were talking a moment ago about the fact there are two ways to save money in health care. One is to have the patient become a savvy consumer and make choices for himself or herself in combination with his or her doctor.

Mr. AKIN. That is called free enterprise, I guess.

Mr. FLEMING. Free enterprise. That is right. Free choice. The other is to have total government control. And then you are going to have to have long lines and rationing.

Now, in the countries that have the latter, that is the long lines and rationing, and these are well-developed countries like Canada to our north, the United Kingdom, the difference in death rates from common cancers, breast cancer and prostate cancer, are unbelievable. We are getting extremely high cure rates, well over 90 percent here in the United States.

Let's take breast cancer. Breast cancer affects one in six women. Let me say parenthetically, the other side over there talks about women's rights and all the things we need to do for women, but yet this, if we follow this pathway, we're going to have a lot more women dying of things like breast cancer because here is why. You look at the U.K., the United Kingdom, they don't pay for mammograms. And also the better chemotherapeutic drugs that can cure the more difficult cases of breast cancer, they don't pay for them. Why? It costs too much. It doesn't fit into the budget.

Mr. AKIN. So when the government doesn't have enough money to pay, they just say, well, we're not going to cover certain things because they're too expensive.

Mr. FLEMING. Exactly.

Mr. AKIN. So the government makes a decision as to whether or not you are going to get care or not, which is rationing.

Mr. FLEMING. Unelected bureaucrats.

Mr. AKIN. And so you have here in the U.K., these numbers here, this is women, but this isn't just breast cancer, but cancer in general for women, the survival rate at 52 percent or 53 percent, 66 in the U.S. So this difference is because of the fact they are just not covering some things.

Mr. FLEMING. And if you multiply that times the number of women who get cancer, you are talking hundreds of thousands of women just in that range there.

Mr. AKIN. So if you want to know why the telephones have been ringing off the hook, and there are a whole lot of people who don't like this bill, here is a whole block of people. Anybody who might get cancer, this is a pretty good reason not to like it. Is that correct, Doctor?

Mr. FLEMING. That is absolutely right. Furthermore, just as way of an example, we actually had people from Canada and from the United Kingdom, both patients and doctors, who came to testify before us. And they told us really crazy things that we would never accept in the United States under our system. One is if someone gets cancer, oftentimes they are told, we're going to watch it. We're going to watch cancer. That's crazy. Why would you watch cancer? You've got to treat it. But in their country, in Canada, in some places it is 2½ years just to get an MRI scan. Then you get in the waiting line to actually get surgery or treatment.

Mr. AKIN. So if you are in Canada and you have cancer, what you really don't want to do is you don't want to sign up at the hospital, you want to sign up at the airport for a flight that is going south to the United States so you can get taken care of.

Mr. FLEMING. Yes. Absolutely.

And just one last thing. The way they define emergency surgery in Canada is any surgery that doesn't at this moment save your life. What does that mean? Someone who needs bypass surgery, who has a 99 percent lesion in their artery, unless they are dying that moment, if they get bypass surgery, that is elective surgery. And we saw a recent example where a premier from Newfoundland literally came across the border to get his heart surgery because he chose the United States of America to get his care as opposed to his own homeland.

We know people come from around the world. If they have the resources to get care here, they know where the best care in the world is. We've got problems, but these are solvable problems that we can use a scalpel to fix rather than taking a wrecking ball to the entire system and rebuilding it in a socialist view.

Mr. AKIN. Right. I think the point was made once that if you've got a bad faucet in your kitchen you don't remodel a whole kitchen, you fix the faucet.

Again, I would like to turn to my friend from Ohio, Congressman JORDAN, and just see if he wanted to make a comment about that or a different point.

Mr. JORDAN of Ohio. I appreciate the gentleman yielding and appreciate the comments from our colleague from Louisiana. I actually just want to go back and try to give some context for why I think the American people are so adamantly opposed to this legislation.

I think it is important to remember what we have seen over the last year, things we never thought we would see in this great Nation. Who would have thought in the United States of America, the greatest Nation in history, we would see the President of the United States fire the CEO of General Motors? Who would have thought in the United States of America we would see the taxpayers of this country own General Motors? Who would have thought in this great country we would own AIG, the largest insurer? Who would have thought in the United States of America we would have a Federal Government pay czar telling private American citizens how much money they could make? Who would have imagined in this great country we would have the largest deficit in American history, $1.4 trillion? Who would have imagined in this country we would have a $12 trillion national debt? And now who would have imagined that this majority, this Democrat Congress, would continue to try to pass a piece of legislation that the American people have said time and time again they don't want?

That is the context we find ourselves in. No wonder the people of this country have figured out this is a bad piece of legislation and they don't want it.

I appreciate the gentleman for yielding. But I think it is sometimes important to step back and understand the framework we are operating in.

Mr. AKIN. Boy, I really appreciate your putting that in perspective. Because we sort of rush through each day, each day is so busy, and we sometimes fail to just take a look and say, oh, my goodness, what is going on here? You know, first of all, a President of the United States firing the president of General Motors? And then surrounding himself with these people not approved by the Senate that he calls czars. That's weird. I don't know where that idea comes from. And then taking over AIG, a great big insurance company. And then you go through all of these other things, the bailout for Wall Street and this supposedly stimulus bill, which cost $700 billion and is not creating jobs, 10 percent unemployment.

We have just heard people critical of President Bush for spending too much money. You take his very worst year, which was '08 with the Pelosi Congress here, and it was $470 billion I think he overspent if I remember. You are the expert on numbers. And yet here we go in 2009, $1.4 trillion. That is a record since World War II. We keep setting these bad records and then here comes this piece of legislation.

My constituents are going crazy. They are telling me, TODD, what can we do? What can we do? What do you want me to do? We had a great big meeting and thousands of them showed up to protest. The media covered it. But what can you do? I mean, they are shutting the phone boards down. Sometimes I don't know what to say, gentlemen.

We are joined here by my good friend, Congresswoman FOXX. I think of her as somebody who is just one of those

Americans who has common sense, and she's tough. She's tougher than nails because she believes in commonsense American values, and she doesn't put up with a whole lot of baloney.

I am just delighted to have you on the floor joining us tonight.

Ms. FOXX. I thank you, Congressman AKIN, and I thank you for leading this special order. I want to build on what you and Mr. JORDAN have said. I had a town hall meeting in my district on Monday. The people in my district are commonsense people. And they are saying, we just want commonsense solutions. They want the truth. They want the simple truth about what this bill is going to do and what needs to be done.

I find it just unbelievable that these folks who are in charge here, the Democrats who are in charge, have such a low opinion of the American people. I want to talk about that for just a minute because I think that is part of the problem that we have. There is an article today in the Washington Times, and it says, House Democrats Tuesday defended the idea of tying together the Senate health care overhaul bill and a companion bill of repairs that could spare Members from having to vote outright for the Senate's tax on high-cost insurance plans and other contentious provisions. Majority Leader STENY HOYER said the public isn't going to be worried about how Congress passed a bill, but rather what's in the bill, and won't differentiate between the procedural paths. This is his quote: ''Do you think any American is going to make a distinction,'' he asked? ''I don't think any American, real American out there, is going to make a distinction between the two.''

Well, the people I was dealing with on Monday are real Americans. I can tell him that. And they don't like the Slaughter provision. I want to add to that a comment that was made by Speaker PELOSI during a discussion with bloggers on Monday, saying she liked the idea of tying the bill to the rule. And her quote was, ''Because people don't have to vote on the Senate bill.''

Now, the public understands that if these folks in charge are trying to keep their people from voting on something that there must be something wrong with it.

Mr. AKIN. There is something that smells, doesn't it? This thing has been sitting around for about a half a year, and the more people find out about it, the more they hate it. A week or two ago, I just started making a list of all the people who would hate this bill, and there are just circles of Americans, one on top of the other.

If you are an older person you don't want all that half a trillion dollars taken out of Medicare.

If you are pro-life you think, well, I don't like abortion. Well, if you don't like abortion, how do you like the fact that your taxpayer dollar that you are forced to pay is paying for abortion? That to me is different than just—I mean one thing people talk about is choice. I don't call it choice, I call it killing children. But even if you accept the idea of choice, some people think abortion is okay, some people think it is not. But to take the people who think it is not and force them to pay to do abortions where they think it is killing a child even if other people don't, no wonder people don't like this thing.

Or illegal immigrants getting medical care on the back of the taxpayer. I could see there are so many people that wouldn't like it.

Ms. FOXX. Would my colleague yield?

Mr. AKIN. I do yield.

Ms. FOXX. I think another thing that they have a hard time understanding is how a Member of Congress could lambast the bill one minute and then say we need to vote on it the next. And I want to say Chairwoman SLAUGHTER, the chairwoman of the Rules Committee, who is now doing everything she can to get this bill passed with the trick that she has come up with, the Slaughter sleight of hand I call it, she said last year, right after the Senate bill was passed, ''The Senate should go back to the drawing board.'' And she further said, ''The Senate bill will do almost nothing to reform health care, but will be a windfall for insurance companies.''

So the public is really confused because one day these folks say one thing and then the next day they are doing everything they can to destroy our country and all that we stand for to get these bills passed. It's got to be terribly confusing.

Mr. AKIN. Not only confusing, but in the telephone town hall I did, I sense an anger and a frustration in the public. First of all we are told that you don't have to read the bill, just vote on it because we haven't even put the bill together. You don't have to read it. Now we are being told, not only you don't have to read it, you don't have to vote on it. That seems like the silliest thing I ever heard. And yet that is what is being talked about, about bringing a bill to the floor, you just vote for a rule instead of actually voting on the bill. And it is questionable whether it is even constitutional.

My good friend, Dr. FLEMING.

Mr. FLEMING. I think it bears noting that this bill defies common sense. We just talked about the fact that you take a half a trillion dollars out of Medicare, which is already struggling, and no one has ever explained in this year-long debate how in the world they are going to do that except to say fraud, waste, and abuse. But if we had the tools to do that better today, why aren't we already doing it? That is number one.

□ 1845

Mr. AKIN. Sort of like fraud, waste, and abuse is like a line item in the budget and you can just line it out and make it go away? All these years, if we had fraud, waste, and abuse, we try to get rid of it, but they say we're just going to line—it's really amazing. I didn't mean to interrupt.

Mr. FLEMING. The other thing is the idea that suddenly you can cover 30 million more Americans using the same resources. Nobody buys that.

And finally, another way to say this is that there is going to be an increase of taxes on 25 percent more Americans; they are going to pay more taxes to cover 7 percent more Americans. The Americans are not buying that.

Mr. AKIN. I think that's part of the reason why you see this tremendous opposition to this legislation.

And, you know, one of the things we did, trying to get some kind of perspective on some of these main points, imposes half a trillion in Medicare cuts. The Republican alternative didn't do that, but the President's bill and the Senate bill does. It enacts a job-killing tax hike and government regulations costing hundreds of billions of dollars. The old Democrat bill and the President's new bill do that, and the Republican thing doesn't do it.

I mean, we have a lot of reforms. I think you're a cosponsor/sponsor of a bunch of bills that reform things in health care, but it's not a complete government takeover of the system, and we're not talking about raiding Medicare and all of these other sad provisions.

Now, one of the things that I think Americans are sensitive to is unemployment. I mean, there are a lot of people out there without a job. According to the government numbers, there are about 10 percent unemployed Americans. And that is not counting the people who have been out of a job more than a year, because they take them off. They just wipe them off the charts.

So you have got a lot of unemployment, and now what you're going to do is you're going to enact these tax hikes on small businesses, which is no better way to get them to want to get rid of employees than to run their taxes up or their costs of having employees. So you're a small business owner, and all of a sudden it's going to cost you more to have an employee. You've just created a big economic incentive to get rid of some employees because now you've got to get rid of the taxes.

You're also being encouraged not to invest in your own business to put the new wing on a building, to get the new machine tool or whatever is going to create new jobs. You're not going to do that when you're going to get hammered by this new tax increase.

And I think Americans are sensitive, from what I found in my district. And I don't know about yours, but in Missouri, people don't like unemployment and they'd like to see us—they know government doesn't create jobs, but they'd like us to create an environment where small businesses can prosper. And this is the exact opposite to me. This doesn't make sense either,

that we're not thinking about the unemployment component.

Mr. FLEMING. The statistics show that the number one issue for Americans today is jobs, without question. And that health care reform, while it is important to you and me and all of the Republicans and everyone in the House, for that matter, it's only, like, number five or even lower than that on the list. Americans see that the imperative right now is to get jobs back, and we're using a job-killing bill. How in the world are you going to get private insurance if you don't have a job to begin with?

A recent poll by CNN—and certainly I don't think anybody could ever claim that CNN is a hard-right institution—says that 75 percent of Americans feel that we should either scrap this bill completely, throw it away and forget about it, or scrap it and start over again.

So the American people, as you say, three to one, don't like this bill, and they don't want to see it or hear of it again.

Mr. AKIN. I think a lot of Americans feel that there are things that need to be fixed in health care, and a lot of our colleagues that are Republicans think there are things that need to be fixed in health care, but we don't think you melt the whole system down.

One of the things that I was asked in my town hall meeting—and I think maybe there are people that have this question in their minds, so maybe I'll ask myself this question and try to answer it. They said, Okay, you bigmouthed Republican—they didn't quite say that, but they said, You were in the majority for 6 years and you never fixed any of these and now you're bad mouthing them when the Democrats are doing it.

Let me tell you about when I was a Republican for the 6 years that I was here when I was in the majority, and that was we passed a whole lot of bills in the House, a number of them, to fix health care that nobody has ever heard of or knows anything about. What happened to those bills? They passed the House. They went to the Senate, and there were Democrats in the Senate that basically filibustered it because we didn't have 60 Republican votes to push it through reconciliation so you could get it out to a vote on the floor. I know it's not reconciliation. Whatever they call it on the floor. The 60 votes in the Senate, we never had them.

What sort of bills did we pass? Well, we passed a bunch of energy bills to deal with the high prices of gasoline that were killed by Democrats in the Senate. We passed a bill to deal with Freddie and Fannie that were being improperly managed financially that were going to cause a big crisis, and that was killed by the Democrats in the Senate. We passed associated health plans to allow small businesses to combine their employees together to get a better price on health insurance. That bill was killed. We passed it numerous times. It was never taken up. They never had the 60 votes in the Senate to deal with that.

We did tort reform, which various States have passed. Dropped health care costs by 10 percent in some States. That went to the Senate, was killed by the Democrats in the Senate.

So it wasn't that we didn't pass things or try to fix things as Republicans. We had a lot of reforms, but they were always killed because of the 60 votes in the Senate. So when people say, Hey, you guys were in the majority, how come you didn't do anything? We did things, but it was because of the way the Senate is set up, none of those things passed.

And I think that's helpful for people to understand that because Republicans do have ideas, but they were more selective things that we knew were going to save money, going to give people better health care and solutions that we knew from other States that would work. So I think that's important to kind of get that out.

Let's see. This thing here. Benefits trial lawyers by failing to enact meaningful lawsuit reform. Well, these bills do benefit trial attorneys. The weird thing about these bills is they are actually sort of antitort reform. It's not that they don't deal with those huge punitive damages which run the cost of health care up. In fact, the States that have tort reform, it makes it so they can't use their tort reform. So this thing is, from a tort reform point of view, is actually hostile to tort reform, and I'm sure you see some of that.

Thank you, Madam Speaker, for allowing us to deal with this very, very important subject. I know the American public is interested.

HEALTH CARE REFORM FOR SENIORS

The SPEAKER pro tempore (Mrs. HALVORSON). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Illinois (Ms. SCHAKOWSKY) is recognized for 60 minutes as the designee of the majority leader.

Ms. SCHAKOWSKY. Madam Speaker, I'm so happy to be here tonight, particularly after I have heard what my colleagues had to say. One of them said, Our people need to hear the truth about the health care legislation. That's exactly what we're going to talk about tonight. Tonight we're going to talk about how this legislation helps our older Americans, our senior citizens.

We're going to talk about how this bill protects Medicare for the next 10 years. It's solvent for an extra 10 years so we keep our promise for an aging population and take care of our citizens when they get older. We're going to talk about closing the doughnut hole, about protecting seniors from elder abuse, about making visits to the hospital safe.

I have the pleasure of being the cochair of the Democratic Task Force on Senior Citizens, on seniors, and my cochair is the gentlelady from California, DORIS MATSUI.

And DORIS, I'm going to turn it over to you to get us started tonight.

Ms. MATSUI. Thank you very much, dear colleague, and I really appreciate being the cochair with you. We certainly have the passion for our senior citizens, and I believe that most of America understands that, too. But I rise today to recognize significant benefits that the emerging health care bill will have on American seniors.

Simply put, the health care bill will put forth, provides a better deal for America's seniors than our current system. Our health care plan takes great strides towards improving the quality of care our seniors receive.

For starters, our bill eliminates copayments and deductibles for preventative services under the Medicare program. This is crucially important because we know that many seniors are not getting the preventative care they need and are often foregoing tests because they're too worried about the costs.

The sad fact is one out of every five women over the age of 50 has not had a mammogram in 2 years. Also, more than a third of adults over the age of 50 have never had a colonoscopy. Without our bill's investments in primary care and its improved access to preventive care under Medicare, beneficiaries will continue to lose access. We are going to reverse this trend with the bill we pass this week.

Madam Speaker, we all know that preventative care is good for the health of individual patients and it's good for the overall health of our system, but without doctors to treat Medicare beneficiaries, the entire system structure, the systemic structure just collapses. That is why our legislation creates a more immediate pathway for more primary care doctors, the doctors that stay with you for a lifetime and know your medical history.

Primary care doctors are the backbone of Medicare and of our system in general, and our bill gives medical students incentives to go into primary care. These include grants for primary care training as well as incentives under Medicare for primary care doctors to practice in areas that currently have a shortage.

Right now, we know that we need many more primary care doctors in this country. The shortage is exacerbated by the high cost of education, which pushes more and more medical students into specialty fields and strains Medicare. Today, about 12 million Americans lack access to primary care doctors in their community, but by providing immediate support for primary care physicians, we can help minimize these shortages and restore the promise of Medicare.

Our bill also emphasizes coordinated care so that people can avoid unnecessary tests. It provides incentives for